



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Institution or Facility Name:

Part 1. Name of Child(ren) Enrolled:

Table with 2 columns: Name of child, and checkbox for foster child status. Includes instruction: CHECK THE BOX NEXT TO THE CHILD'S NAME IF THEY ARE A FOSTER CHILD...

Full names of all household members

Part 2. Benefits: If any member of your household received [SNAP], [FDPIR] or [TANF cash assistance], provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.

Part 3. If any child you are applying for is homeless, a migrant, or a runaway, call the State agency for instructions.

Part 4. Total Household Gross Income—You must tell us how much and how often (whole dollar amounts, please)

Table for household income reporting. Includes sub-section B: Gross income and how often it was received. Columns: 1. Earnings from work before deductions, 2. Welfare, child support, alimony, 3. Pensions, retirement, Social Security, SSI, VA benefits, 4. All other income.

This section required for all forms listing income in Part 4:

Last four digits of Social Security Number: X X X - X X - [ ] I do not have a Social Security Number

Part 5. Signature (Adult must sign)

An adult household member must sign this form.

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_
Date: \_\_\_\_\_
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

